



CARCROSS/TAGISH
FIRST NATION

Capacity Development

Box 130, Carcross, Yukon Y0B 1B0

P (867) 821-4251 F (867) 821-8214

www.ctfn.ca

Post Sec / ISETS /
CTF 20__ - 20__

C/TFN Education/Training Funding Application

Incomplete or late applications will not be considered

For courses longer than 1 month, deadlines are:

- Summer Deadline (For programs starting between May-Aug): March 15th
- Fall Deadline (For programs starting between Sept-Dec): June 1st
- Winter Deadline (For programs starting between Jan-April): November 15th

For courses shorter than 1 month, deadlines are:

- Two weeks prior to the study start date

Funding Eligibility:

- Post-Secondary/ISETS Funding: must be a C/TFN Citizen or Beneficiary.
- Community Training Funding: must be a C/TFN Citizen or Beneficiary OR live in the Carcross/Tagish area.

Please check off the option that applies to you:

- ☐ I am a C/TFN Citizen or Beneficiary
- ☐ I am not a C/TFN Citizen or Beneficiary but I live in the Carcross or Tagish area.

SECTION 1 PERSONAL INFORMATION	
Name (First, Middle Initial, Last)	
SIN #	
Status # or Beneficiary #	

SECTION 2 ELIGIBILITY CHECKLIST <i>Check off each statement once complete</i>	
	I meet the funding eligibility requirements listed on the first page of this application.
	I have completed/updated my client intake form with the Education Employment Training Officer.
	I am legally entitled to work in Canada.
	I have read C/TFN's Capacity Development Policy on "Post-Secondary Student Support", "ISETS Student Support" & "Community Training Fund". (Available at: www.ctfn.ca)
	ONLY FOR PROGRAMS OFFERED OUTSIDE OF THE YUKON: I have done the research and could not find a similar program available within the Yukon.
	<p>ONLY FOR POST-SECONDARY/TRADES/LONGER PROGRAMS: I have researched and applied for all other possible funding sources.</p> <p>* It is mandatory for C/TFN citizens to apply to multiple funding sources, as C/TFN funding is not intended to be the sole source of funding for students. Proof is required to show that you applied elsewhere for funding in a letter that states either approval or denial of funding. A list of external funding is available at: www.ctfn.ca and/or from the EETO Office.</p> <p>**If you are a trades student please also apply for funding through the Yukon Government Trades & Apprenticeship Program: http://www.education.gov.yk.ca/apprenticeship-funding.html</p>

SECTION 3 ADDITIONAL DOCUMENTS <i>Check off each document once added to application</i>	
	Proof of C/TFN citizenship (Beneficiary Number or Status Number)
	Proof of dependents (Birth Certificate as well as a letter of support from a teacher/healthcare/education staff member confirming the child lives with you) (ONLY IF REQUESTING CHILDCARE OR LIVING ALLOWANCE)
	Letter of acceptance to program/course at a recognized institution
	Proof of tuition and fee costs from the course provider/post-secondary institution
	Proof of program study dates from the course provider/post-secondary institution
	Official copy of most recent transcripts (ONLY FOR POST-SECONDARY/TRADES/LONGER PROGRAMS)
	Proof of application for external funding along with approval/denial of application. (ONLY FOR POST-SECONDARY/TRADES/LONGER PROGRAMS)
	<p>Letter of intent OR action plan that outlines:</p> <ul style="list-style-type: none"> • Your education/career goals & action plan (the steps you will take to reach your goals) • Why you are applying for educational funding • If you are studying out of Yukon, explaining why • Any other information that will help the Capacity Development Department make a decision

SECTION 4
TRAINING INFORMATION

School Name					
Program Name					
Location of School/Program					
Study Start Date <i>Within the current academic year</i>			Study End Date <i>Within the current academic year</i>		
Program Level <i>(circle one)</i>	Certificate	Diploma	Bachelor's Degree	Master's Degree	Doctoral Degree
	High School Upgrading	Trade/ Apprenticeship	Work Ticket/ Other		
Course Load <i>(circle one)</i>	Full Time Program <i>(3-5 courses that are 3 credits each)</i>		Part Time Program <i>(1-2 courses that are 3 credits each)</i>	One-off course that is not part of a larger Post-Secondary, Upgrading, or Trades program	
Expected Graduation Date <i>(for entire long-term program)</i>					

SECTION 5
FINANCES

External Funding Contribution <i>(External funds that you have secured from elsewhere to put towards school)</i>	Personal Savings:	Family Contribution:	Government Student Loan:
	\$ _____	\$ _____	\$ _____
	Bank Student Loan:	Approved Scholarships/Grants/Bursaries:	Other: _____
	\$ _____	\$ _____	\$ _____
TOTAL EXTERNAL FUNDING:			

SECTION 6 BUDGET PLAN

It is important that you list all expected costs for the year

Approval on each budget item is based on the over-all Post-Secondary Education, ISETS & Community Training Fund budgets; as such, some requested amounts may not be approved. Budget items that can be claimed are listed in the Capacity Development Policy (available at: www.ctfn.ca).

Tuition	Books/Supplies	Living Allowance	Travel	Other (ex. meals/accommodations if no living allowance, childcare, wage subsidy, work gear, etc...)
/semester	/semester	/month		
# of semesters	# of semesters	# of months		
\$ total	\$ total	\$ total		

TOTAL ACADEMIC YEAR COST:

TOTAL EXTERNAL FUNDING I HAVE SECURED:

See section 4

TOTAL REQUESTED AMOUNT OF FUNDING:

Deduct external funding from total cost

OFFICE SECTION

For EETO to fill out – Students please DO NOT fill out this section

Tuition	Books/Supplies	Living Allowance	Travel	Other (ex. meals/accommodations if no living allowance, childcare, wage subsidy, work gear, etc...)
/semester	/semester	/month		
# of semesters	# of semesters	# of months		
\$ total	\$ total	\$ total		

TOTAL COST:

SECTION 7
STUDENT DECLARATION
Read the following carefully



**CARCROSS/TAGISH
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I hereby declare that all information I have provided is complete and true. I understand that any misleading or fraudulent information will disqualify me from obtaining funding from Carcross/Tagish First Nation and that I could be charged with a criminal offence and be liable for full repayment of any assistance provided.

I understand that it is my responsibility to provide the Carcross/Tagish First Nation Capacity Development Department with written notice of any and all changes that may affect this training application or funding agreement.

I understand that if I am suspended, released, or do not complete my education/training program for any unjustified reason, I will be required to reimburse the Carcross/Tagish First Nation for the full amount of funding received.

I understand that if I fail to maintain a minimum Grade Point Average of 2.0 (C or 73%) per semester for post-secondary or trades programs my funding will be terminated.

I understand that I must provide proof of completion to the Capacity Department as soon as possible when the course is completed or I will be required to reimburse Carcross/Tagish First Nation for the full amount of funding received.

I authorize the Carcross/Tagish First Nation Capacity Development Department to access information and documentation from any educational institution regarding my academic progress, attendance, and official transcripts.

I authorize the Carcross/Tagish First Nation Capacity Development Department to share the information in this funding application and in my client intake forms with departments of the Yukon Territorial Government, the Government of Canada, educational institutions, or funding providers.

I authorize my educational institution to invoice Carcross/Tagish First Nation Capacity Development Department directly for the costs of my tuition.

I have read and understand the contents of this letter, signing this document will allow the institute to provide the Capacity Development Office of Carcross/Tagish First Nation with information regarding registration, grades, attendance, transcripts and other information as required to continue education funding.

ONCE SIGNED, I THE STUDENT UNDERSTAND THAT THIS LETTER WILL LIFT THE “ACCESS TO INFORMATION AND PRIVACY ACT” RESTRICTIONS AND THAT THE SPONSOR, BEING CARCROSS/TAGISH FIRST NATION CAPACITY DEPARTMENT, MAY ACCESS MY STUDENT RECORDS FOR INFORMATION WHEN THERE IS A QUESTION REGARDING MY REGISTRATION, GRADES, ATTENDANCE, TRANSCRIPTS AND OTHER INFORMATION SPECIFICALLY RELATING TO OR AFFECTING MY EDUCATION.

Student Name

Date

If you are completing this form digitally, check this box as your legal signature.

Education & Employment Training Officer

Date



Training: _____

Date: _____

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Repayment Agreement

G/CTFN Financial Policy 2-0275

CHECK A) or B)

___ A) In accepting this offer of education/training funding from G/CTFN I acknowledge outstanding arrears to G/CTFN for:

Rent	\$ _____
Pump-outs	\$ _____
Fuel	\$ _____
Maintenance/Repairs	\$ _____
Education Sponsorship	\$ _____
Day Care Services	\$ _____
Emergency Loans	\$ _____
Other _____	\$ _____
TOTAL \$ _____	

I understand that, as a condition of receiving government services and funding, I must resolve this matter by repaying G/CTFN. Payments will be deducted through my bi-weekly Payroll Wages, Temporary Family Assistance, monthly living allowance or honorariums, and this must be no less than 10% or \$50.00 of the total outstanding arrears (whichever is greater).

I understand that refusal to enter into an agreement signifies that I cannot receive government educational/training funding.

Please deduct \$ _____ from each of my bi-weekly Payroll Wages, Temporary Family Assistance, monthly living allowance or honorariums starting immediately, without interruption, until the total arrears are paid on (month/day/year) _____.

Citizen/Beneficiary/Employee (initial) _____ (date) _____

___ B) In accepting this offer of educational/training funding from G/CTFN, to the best of my knowledge, I do not owe outstanding arrears to G/CTFN. I understand that, as a condition of service and funding, if I am found to owe outstanding arrears to G/CTFN, I am required to sign a repayment agreement. Refusal to do so may cause a suspension of assistance or sponsorship and will be considered in future applications for funding.

Citizen/Beneficiary/Employee (initial) _____ (date) _____

Confirmed by calls to Finance, Wellness & Education:

Human Resources (sign) _____ (print) _____

Agreed to by:

Citizen/Beneficiary/Employee (sign) _____ (print) _____

Director of: _____ (sign) _____ (print) _____

Date: _____ Location: _____ Account code: _____ / _____

Finance Manager: (sign) _____ (print) _____

If you are completing this form digitally, check this box as your legal signature.

FOR OFFICE USE ONLY			
For EETO to fill out			
Received Date			
Reviewed (circle once complete)	By EETO	By EAC	
Status (circle one)	Approved	Conditionally Approved	Denied
Notes			
Applicant Informed Date			